



March 19, 2012

Ms. Grissel V. Diaz-Cotto
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region II
290 Broadway, 19th Floor
New York, NY 10007-1866

**Re: February 2012 Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site**

Dear Ms. Diaz-Cotto:

Please find enclosed the February 2012 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

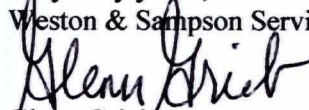
Weston & Sampson Services, Inc. would like to confirm the following:

- Effluent parameters were within permitted limits.
- The treatment plant operated well during the month of February.

Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,

Weston & Sampson Services, Inc., on behalf of SCA Services, Inc.


Glenn Grieb
Plant Manager

Enclosure

Cc: Martha Goodwin – NJDEP
Stephen Joyce – SC Holdings, Inc.
Carl Januszkiewicz – SC Holdings, Inc.
John A. Bocchino, Jr. – Weston & Sampson Services, Inc.

294322



Massachusetts

Five Centennial Drive (HQ)
Peabody, MA 01960-7985

100 Foxborough Blvd., Suite 250
Foxborough, MA 02035

225 New Boston Street
Woburn, MA 01801

One Trowbridge Road, Suite 750
Bourne, MA 02532

Connecticut

273 Dividend Road
Rocky Hill, CT 06067

Rhode Island

477B Tiogue Avenue
Coventry, RI 02816

New Hampshire

100 International Drive
Suite 152
Portsmouth, NH 03801

Maine

PO Box 189
York, ME 03909

Vermont

96 South Main Street
Suite 2
Waterbury, VT 05676

New York

301 Manchester Road
Suite 201A
Poughkeepsie, NY 12603

Florida

1990 Main Street
Suite 750
Sarasota, FL 34236

Date March 16, 2012

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

MONTH

0	2
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 YEAR

1	2
---	---

Others

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
9	7	2	0	3	9	2	0	9	8	0	4	8	4	0	0
8	8	8	4	2	8	8	8	4	8	4	2	4	8	8	8
17	18	19	20	21	22	23	24	25	26	27	28	29			
0	0	0	0	0	8	8	8	0	0	8	0	8			
8	2	0	2	8	8	8	8	4	2	8	4	8			

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.

*					
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*NJ Permit Equivalent

REPORTING PERIOD

M	o.	Y	r.	M	o.	Y	r.
0	2	1	2	0	2	1	2

PERMITTEE: Name: SCA Services, Inc.
Address: 383 Meadow Road
Edison, New Jersey 08817

FACILITY: Name: Kin-Buc Landfill
Address: 383 Meadow Road
Edison, New Jersey 08817
Telephone: 732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY
__ T-VWX-007 __ T-VWX-008 __ T-VWX-009
__ EPA Form 3320-1

DYE TESTING YES NO
__ X

SLUDGE REPORT-INDUSTRIAL
__ T-VWX-010A __ T-VWX-010B

TEMPORARY BYPASSING __ X

DISINFECTION INTERRUPTION __ X

WASTEWATER REPORTS
__ T-VWX-011 __ T-VWX-012 __ T-VWX-013

MONITORING MALFUNCTIONS __ X

UNITS OF OPERATION __ X

GROUNDWATER REPORTS
__ T-VWX-015(A,B) __ T-VWX-016 __ T-VWX-017
__ ELECTRONIC SUBMISSION

OTHER __ X

NPDES DISCHARGE MONITORING
__ 1 EPA Form 3320-1

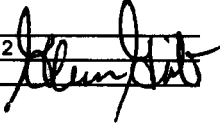
(Detail any "Yes" on reverse side in appropriate space.)

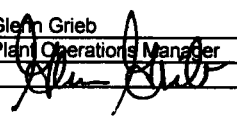
NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

**PRINCIPAL EXECUTIVE OFFICER OR
DULY AUTHORIZED REPRESENTATIVE**

Name (Printed) Glenn Grieb
Grade & Registry No. N-4 ; 0021212
Signature 

Name (Printed) Glenn Grieb
Title (Printed) Plant Operations Manager
Signature 

PERMITTEE NAME/ADDRESS

NAME
ADDRESS


SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY
LOCATION

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
12	02	01	12	02	29

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.018150	0.025098	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
pH	SAMPLE MEASUREMENT	*****	*****	***	8.22	*****	8.41	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	0.88	1.1	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	14.00	20.59	kg/day	*****	200	250	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	<1.3	<1.3	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	220			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.15	0.18	kg/day	*****	2.05	2.20	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	10.93	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MBN Instantaneous	*****	*****			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) (REFERENCE ALL ATTACHMENTS HERE)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		12 03 16	
TYPED OR PRINTED		AREA CODE				NUMBER		YEAR MO DAY			
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS											

PERMITTEE NAME/ADDRESS
NAME
ADDRESS
FACILITY
LOCATION
ATTN:

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT		001			
PERMIT NUMBER		DISCHARGE NUMBER			
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
12	02	01	12	02	29

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			YEAR	MO	DAY
BENZENE	SAMPLE MEASUREMENT	<0.0000485	<0.0000906	kg/day	*****	0.62	1.10	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134			2/month	grab		
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000241	<0.0000404	kg/day	*****	0.3	0.5	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab		
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000078	<0.0000107	kg/day	*****	<0.12	<0.13	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.003	0.009		*****	22	58			2/month	grab		
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000128	<0.0000132	kg/day	*****	<0.21	<0.25	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab		
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000091	<0.0000099	kg/day	*****	<0.15	<0.20	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.008	0.025		*****	52	184			2/month	grab		
TOLUENE	SAMPLE MEASUREMENT	<0.0000681	<0.0001318	kg/day	*****	0.85	1.60	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74			2/month	grab		
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000088	<0.0000107	kg/day	*****	<0.14	<0.14	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.004	0.009		*****	25	60			2/month	grab		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE				
Glenn Grieb Project Manager							732 572-4743		12 03 18				
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER					
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)											

PERMITTEE NAME/ADDRESS

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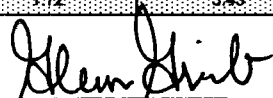
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383 MEADOW ROAD
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	02	01		12	02	29

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000082	<0.0000089	kg/day	*****	<0.14	<0.18	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.010		*****	28	89			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000103	<0.0000131	kg/day	*****	<0.14	<0.14	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000035	<0.0000042	kg/day	*****	<0.059	<0.084	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00028	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000309	<0.0000593	kg/day	*****	<0.39	<0.72	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00028	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000252	<0.0000470	kg/day	*****	0.319	0.570	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00028	0.00052		*****	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000071	<0.0000082	kg/day	*****	<0.110	<0.120	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00028	0.00052		*****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000160	<0.0000297	kg/day	*****	<0.205	<0.360	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00028	0.00052		*****	1.72	3.43			monthly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		12 03 16	
TYPED OR PRINTED						AREA CODE		NUMBER		YEAR MO DAY	

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)
<0.00017

PERMITTEE NAME/ADDRESS

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER	001 DISCHARGE NUMBER
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MONITORING PERIOD					
YEAR	MO	DAY	TO	YEAR	MO DAY
12	02	01		12	02 29

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000203	<0.0000297	kg/day	*****	<0.290	<0.360	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0001525	<0.0002894	kg/day	*****	1.8	3.1	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000008	<0.0000008	kg/day	*****	<0.013	<0.016	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.0000008	<0.0000010	kg/day	*****	<0.011	<0.011	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.38	0.766			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.0000120	<0.0000149	kg/day	*****	<0.16	<0.17	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000158	<0.0000196	kg/day	*****	<0.21	<0.22	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000098	<0.0000121	kg/day	*****	<0.13	<0.14	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		12 03 16		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS
NAME
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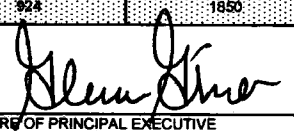
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
PCB-1260	SAMPLE MEASUREMENT	<0.0000091	<0.0000112	kg/day	*****	<0.12	<0.13	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab		
ARSENIC	SAMPLE MEASUREMENT	0.0004487	0.0005484	kg/day	*****	6.20	7.50	ug/L	0	1/week	comp		
	PERMIT REQUIREMENT	0.013	0.026		*****	85.8	172			weekly	comp		
CADMIUM	SAMPLE MEASUREMENT	<0.0000863	<0.0000831	kg/day	*****	0.9	0.9	ug/L	0	1/week	comp		
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	112			weekly	comp		
CHROMIUM	SAMPLE MEASUREMENT	0.0003279	0.0004108	kg/day	*****	4.40	4.40	ug/L	0	1/week	comp		
	PERMIT REQUIREMENT	0.036	0.060		*****	198	396			weekly	comp		
COPPER	SAMPLE MEASUREMENT	0.0004245	0.0005602	kg/day	*****	5.7	6.8	ug/L	0	1/week	comp		
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp		
LEAD	SAMPLE MEASUREMENT	0.0001863	0.0002334	kg/day	*****	2.50	2.50	ug/L	0	1/week	comp		
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp		
NICKEL	SAMPLE MEASUREMENT	0.0024455	0.0029874	kg/day	*****	33.0	34.0	ug/L	0	1/week	comp		
	PERMIT REQUIREMENT	0.160	0.261		*****	824	1850			weekly	comp		
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.) (REFERENCE ALL ATTACHMENTS HERE)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		DATE	
Glenn Grieb Project Manager										732 572-4743		12 03 16	
TYPED OR PRINTED										AREA CODE NUMBER		YEAR MO DAY	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS													

PERMITTEE NAME/ADDRESS

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ATTN:

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
ZINC	SAMPLE MEASUREMENT	0.0003949	0.0004948	kg/day	*****	5.3	5.3	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	0.177	0.358		*****	1170	2350			weekly	comp	
CYANIDE	SAMPLE MEASUREMENT	<0.0001043	<0.0001307	kg/day	*****	1.4	1.4	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	0.002	0.004		*****	12.2	26.4			weekly	comp	
ALUMINUM	SAMPLE MEASUREMENT	0.0064453	0.0090626	kg/day	*****	84.0	110.0	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp	
IRON	SAMPLE MEASUREMENT	0.0060354	0.0075619	kg/day	*****	81.0	81.0	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	60.6	162		*****	532000	1070000			weekly	comp	
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	---	n/a	*****	*****	%	0			
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			See permit	equivalent	
Ammonia	SAMPLE MEASUREMENT	*****	*****	---	*****	0.19	0.22	mg/l	0	*****	*****	
	PERMIT REQUIREMENT	*****	*****		*****	4.9	10.0			2/month	comp	
	SAMPLE MEASUREMENT	*****	*****	---	*****	*****	*****	---	---	*****	*****	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE		
Glenn Grieb Project Manager								732	572-4743	12	02	16
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)										